## OFFICE OF THE ATTORNEY GENERAL **CIVIL RIGHTS COMPLAINT FORM**

## **MARTHA COAKLEY** ATTORNEY GENERAL



**Civil Rights Division** One Ashburton Place Boston, MA 02108 (617) 727-2200 (617) 727-4765 (TTY)

If, due to a disability, you seek an accommodation in filing a complaint, please call 727-2200 or TTY 727-4765

## **COMPLAINANT**

## **COMPLAINT AGAINST**

Name	Name
Address	Address
Phone # (home)	Phone #
Work # (other)	Relationship to you
AREA OF DISCRIMINATION (please check) (1) Employment (2) Housing (3) Place of Public Accommodation: But (4) Education (5) Credit (6) Complaint Against Police Officer/Decentry (7) Other  NATURE OF DISCRIMINATION (please check) (8) Harassment Intimidation (9) Other	eck) Threats Coercion
If you have checked any of the above, please ind below (you may check more than one category):	licate the basis of the civil rights violation or discrimination
Race National Origin Disability	Religion Sexual Orientation Gender
Age Ethnicity Section 8 Status (I	Housing) Children (Housing) Marital Status (Housing)
Public Assistance (Housing) Retaliation	for Filing a Complaint Other:
	(Over)

	Have you contacted another agency?	Have you hired an attorney?	
	If yes, please list the agencies:	If yes, what is the attorney's name?	
wit		lude specific dates, names and addresses of individu nation that you believe may assist this Office in evaluation	
ava disc req	der most circumstances, the text of your complaintiable to any member of the public upon request. close your name, address, or phone number, and g	DENTIALITY  In the will be considered a public record, a copy of which is the considered a public record, a copy of which is the considered a public record, a copy of which is the considered as the considered a	will not .ny
Sig	nature:	Date:	